

**Internship Application Form
Office of the Governor
Rod R. Blagojevich
State of Illinois**

Name: _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Phone:** _____

Education

High School: _____ **Date of Graduation:** _____

Major/Minor: _____ **GPA:** _____

College: _____ **Year:** _____

Major/Minor: _____ **GPA:** _____

Graduate School: _____ **Date of Graduation:** _____

Major/Minor: _____ **GPA:** _____

Will college credit be earned through this internship? Yes No
If yes, please complete the following:

Professor: _____ **Phone Number:** _____

Course Name: _____ **Total Credits Earned:** _____

Please indicate semester/quarter you are applying for:

Fall _____ **Dates Available:** _____

Spring _____ **Dates Available:** _____

Summer _____ **Dates Available:** _____

Hours Available

Monday

Tuesday

Wednesday

Thursday

Friday

Signature:

Date:

PLEASE INCLUDE YOUR RESUME AND COVER LETTER WITH THIS APPLICATION